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CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

MAR Date Received



COVER PAGE

NAME O	OF FILER (LAST)	(FIRST)	(MIDDLE)
Boni	illa Su	san	Α
1. Of	fice, Agency, or Court		
Age	ency Name		
	A State Assembly		
Div	ision, Board, Department, District, if applicable	Your Position	
1	1th District	Assemblywoman	
•	If filing for multiple positions, list below or on an attachment.		
Ag	ency:	Position:	
2. Jı	urisdiction of Office (Check at least one box)		
\times	State	☐ Judge or Court Commissioner (Statewide	Jurisdiction)
	Multi-County	County of	
	City of	<u> </u>	
3. Ty	pe of Statement (Check at least one box)	•	
X	Annual: The period covered is January 1, 2011, through December 31, 2011.	Leaving Office: Date Left/	
	The period covered is/, throug December 31, 2011.	h O The period covered is January 1, 20 leaving office.	11, through the date of
	Assuming Office: Date assumed	The period covered is the date of leaving office.	/, through
	Candidate: Election Year Office sought, if	f different than Part 1:	
4. Sc	chedule Summary		10
Ch	eck applicable schedules or "None."	otal number of pages including this cover	page:
	Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Pos	itions - schedule attached
	Schedule A-2 - Investments - schedule attached	Schedule D - Income - Gifts - schedule attac	hed
	Schedule B - Real Property - schedule attached	Schedule E - Income - Gifts - Travel Paymen	nts - schedule attached
	-or- None - <i>No reportable in</i>	nterests on any schedule	
here	ein and in any attached schedules is true and complete. I acknowled	ige this is	ſ
l ce	ertify under penalty of perjury under the laws of the State of Cali	fornia th	
Dat	e Signed 3/1/2012 (month, day, year)	Signat	
			_

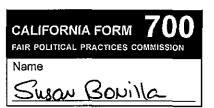
SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Susaw A. Boulla

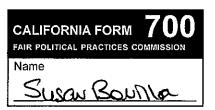
➤ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
OSI	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
777 Davis Street, San Leandro, CA 94577	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
•	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Systems Architect	·
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	
S10,001 - \$100,000 X OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary X Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of(Real property, car, boat, etc.)	Sale of(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
	•
Other	Other(Describe)
(Describe)	(Describe)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	IOD.
	ending institutions, or any indebtedness created as part of a elender's regular course of business on terms available to
	atus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follow	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
NAME OF LENDER	INTEREST RATE (MONUS Teals)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
South Control of Lettern	
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
<u></u> \$500 - \$1,000	City
\$1,001 - \$10,000 	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	

SCHEDULE D Income - Gifts



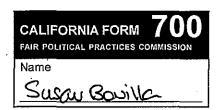
NAME OF SOURCE	NAME OF SOURCE
John A. Perez for Assembly	GenOn
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
777 S. Figueroa, #4050, Los Angeles, CA 90017	696 West 10th Street, Pittsburg, CA 94565
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Assemblyman	Energy Company
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
02 / 09 / 11 _{\$} 84.30 Jacket	09 / 19 / 11 \$ 50.00 Tour and Lunch
02 / 08 / 11	
12 / 13 / 11 _{\$} 38.68 Dinner	
► NAME OF SOURCE	► NAME OF SOURCE
Personal Insurance Federation of California	Hearst Corporation
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1201 K Street, Suite 1220, Sacramento, CA 95814	5 Third Street, #200, San Francisco, CA 94103
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance Trade Association	Publishing
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
03 / 23 / 11 s 41.68 Legislative Reception	05 / 19 / 11 s 78.60 KARE Leg. Dinner
03 / 09 / 11 _{\$} 18.61 Dinner	
01 / 12 / 11	
► NAME OF SOURCE	► NAME OF SOURCE
CA Democratic Party	Klamath Alliance for Resources & Environment
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1401 21st Street, Suite 200, Sacramento, CA 95811	P.O. Box 1234, Yreka, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	Non-profit Organization
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
03 / 30 / 11 _{\$} 86.82 Freshman Dinner	05 / 19 / 11 s 101.90 Reception
02 / 08 / 11	05 / 20 / 11 s 54.02 Gift Basket&photobook
Comments:	

SCHEDULE D Income – Gifts



S				
► NAME OF SOURCE		► NAME OF SOURCE	E	
Sierra Pacific Indust	ries	<u> </u>		
ADDRESS (Business Addres	ss Acceptable)	ADDRESS (Busines	ss Address Acceptab	ole)
P.O. Box 496028, R	edding, CA			
BUSINESS ACTIVITY, IF AN	Y, OF SOURCE	BUSINESS ACTIVIT	TY, IF ANY, OF SOU	IRCE
Air Transportation				
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT((S) DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 19 / 11 \$ 2	206.00 Air Trans for Daug	ghter	\$	
\$			\$	
\$			\$	
► NAME OF SOURCE		► NAME OF SOURCE	E .	
ADDRESS (Business Addres	s Acceptable)	ADDRESS (Busines	ss Address Acceptab	ele)
BUSINESS ACTIVITY, IF AN	Y, OF SOURCE	BUSINESS ACTIVIT	TY, IF ANY, OF SOU	RCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S) DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
\$		//_	\$	
\$			\$	·
/	-		\$	
NAME OF SOURCE		NAME OF SOURCE	<u>.</u>	
ADDRESS (Business Address	s Acceptable)	ADDRESS (Busines	s Address Acceptab	le)
BUSINESS ACTIVITY, IF ANY	Y, OF SOURCE	BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S) DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
		/	\$	**************************************
\$			\$	
\$	Manual Control of the		\$	
			•	
0				
Comments:				,

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

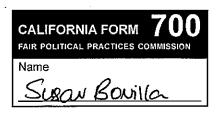


- · You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

7 6

M 501 (c)(3) AMT: \$ 1695.26 Gift □ Income el
AMT: \$ 1695,26 ☐ Gift
☐ Gift ☐ Income
☐ Gift ☐ Income
el
f
conference on CA
onment and Econ
∑ 501 (c)(3)
AMT: \$ 1), 212.00
Gift Income
el
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SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

Sierra Pacific Industries ADDRESS (Business Address Acceptable) P.O. Box 496028 CITY AND STATE Redding, CA BUSINESS ACTIVITY, IF ANY, OF SOURCE
P.O. Box 496028 CITY AND STATE Redding, CA BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
CITY AND STATE Redding, CA BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Redding, CA BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

Air Transportation
DATE(S): 05 / 19 / 11 - 05 / 20 / 11 AMT: \$ 206.00
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
Made a Speech/Participated in a Panel
Transportation to attend Tour and Panel Discussion
on Forestry issues
► NAME OF SOURCE
California Issues Forum
ADDRESS (Business Address Acceptable)
1717 I Street
CITY AND STATE
Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE X 501 (c)(3)
nonprofit
DATE(S): 08 / 22 / 11 - 08 / 22 / 11 AMT: \$ 95.00
TYPE OF PAYMENT: (must check one) 🔀 Gift 🔲 Income
Made a Speech/Participated in a Panel
meal for participation on End of Session Legislative